

NONPROFIT CORPORATION

STATE OF MAINE

CHANGE OF REGISTERED AGENT
and/or
REGISTERED OFFICE

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §305.1](#) or [13-B MRSA §1212.2](#), the undersigned corporation executes and delivers for filing the following Change of Registered Agent and/or Registered Office as authorized by a resolution duly adopted by the board of directors:

FIRST: ("X" all boxes that apply)

- A. ☐ change of registered office B. ☐ change of registered agent and registered office
C. ☐ change of registered agent D. ☐ change in name of current registered agent

SECOND: The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

(name of current registered agent)

(street, city, state and zip code)

THIRD: Complete this Item as follows based on your selection in Item First:

- A. The address of the new registered office (provide address information only);
B. The name and registered office of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name and address information);
C. The name of the **new** registered agent, who must be an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine (provide name only); **OR**
D. The new name of the current registered agent (provide name only).

(name of new registered agent or new name of current registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: (To be completed by a foreign corporation.)

A. Jurisdiction of incorporation _____

B. Date of authorization to carry on activities in this State _____

FOURTH: The undersigned registered agent of the following nonprofit corporation(s), who has changed the address of the registered office **OR** who has changed his or her name, has notified each nonprofit corporation of the change indicated in Item Third A or D:

Name of Nonprofit Corporation

☐ Names of additional limited attached hereto as Exhibit ____, and made a part hereof.

Note: The following **must** be signed by the proper person as designed below.*

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

Acceptance of Appointment of New Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named nonprofit corporation.

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign, Form [MNPCA-18 \(13-B MRSA §304.3 or 13-B MRSA §1212.1-A\)](#) must accompany this document.

*This document **MUST** be signed as follows:

- (1) if Item First, A. was selected, then by the Registered Agent **OR**
- (2) if a domestic nonprofit corporation and Item First, B or C was selected, then by (13-B MRSA §104.1.B)
 - a. the **Clerk or Secretary OR**
 - b. the **President** or a Vice-President **together with** the **Secretary** or an assistant Secretary, or a 2nd certifying officer **OR**
 - c. if no such officers, then a majority of the **Directors OR**
 - d. if no such directors, then the **Members OR**
- (3) if a foreign nonprofit corporation and Item First B or C was selected, then by any duly **authorized person** (13-B MRSA §104.1.D) **OR**
- (4) if Item First, D. was selected, then by the Registered Agent.

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**